



State of Utah
DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code
Limited Partnership Registration Information Change Form

Non-Refundable Processing Fee: \$12.00

Entity File Number: _____

Entity Name: _____

For each Yes button that you mark the question will appear below for you to fill out.

Do you want to Change the Business Purpose? **Yes** **No**

Do you want to Change the Registered Agent or the Address of the Registered Agent? **Yes** **No**

Do you want to Change the Principal Address of the Business Entity? **Yes** **No**

Do you want to Add individuals to the Business Entity? **Yes** **No**

Do you want to Remove individuals from the Business Entity? **Yes** **No**

Do you want to Change the Address of the Business Entity's Principal(s)? **Yes** **No**

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.

Under penalties of perjury and as an authorized authority, I declare that this statement of change(s), has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

BY: _____

Signature of Authorizing Party: _____

Title: _____

Date: _____

If Yes, what is the new Business Purpose? _____

If Yes, who is the new Registered Agent, or the new Address of the Registered Agent?

Name: _____

Signature of Authorizing Party: _____

Address: _____

If Yes, what is the new Principal Address?

Address: _____

If Yes, who do you want to Add to the Business Entity and what Position will they hold?

Name: _____

Position: _____

Address: _____

Name: _____

Position: _____

Address: _____

Name: _____

Position: _____

Address: _____

If Yes, who do you want to Remove from the Business Entity and what position do they hold?

Name: _____

Position: _____

Name: _____

Position: _____

Name: _____

Position: _____

If Yes, who is the Principal(s) whose Address you want to Change?

Name: _____

Position: _____

New Address: _____

Name: _____

Position: _____

New Address: _____

Name: _____

Position: _____

New Address: _____